UNITED STATES DISTRICT COURT

for the

Southern District of New York

| MAZON: A Jewish Response to Hunger, et al. |))) |
|----------------------------------------------------------------------|----------------------------------|
| Plaintiff(s) v. U.S. Department of Health and Human Services, et al. |)) Civil Action No. 21-cv-475) |
| Defendant(s) |)) |

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Secretary of Veterans Affairs, currently Robert Wilkie 810 Vermont Avenue, NW Washington, DC 20420

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney,

whose name and address are: Kristen Miller

Democracy Forward Foundation

P.O. Box 34553

Washington, DC 20043

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

Date: January 20, 2021 /S/ S. James

Signature of Clerk or Deputy Clerk

Civil Action No. 21-cv-475

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was ra | This summons for (no ceived by me on (date) | ame of individual and title, if an | ny) | | |
|---------|----------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------|----------|--|
| was ice | cerved by the on (aute) | | · | | |
| | ☐ I personally served the summons on the individual at (place) | | | | |
| | | | on (date) | ; or | |
| | ☐ I left the summons at the individual's residence or usual place of abode with (name) | | | | |
| | | , a person of suitable age and discretion who resides there, | | | |
| | on (date), and mailed a copy to the individual's last known address; or | | | | |
| | ☐ I served the sumn | nons on (name of individual) | | , who is | |
| | designated by law to accept service of process on behalf of (name of organization) | | | | |
| | | | on (date) | ; or | |
| | ☐ I returned the sum | nmons unexecuted because | e | ; or | |
| | ☐ Other (specify): | | | | |
| | My fees are \$ | for travel and \$ | for services, for a total of \$ | 0.00 | |
| | I declare under penalty of perjury that this information is true. | | | | |
| Date: | | _ | | | |
| | Server's signature | | | | |
| | | _ | Printed name and title | | |
| | | _ | Server's address | | |

Additional information regarding attempted service, etc:

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